

IA ETHICS AND

2009 MAY 22 AM 7: 49

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



## FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

	Control of the contro	_			
COMMITTEE NAME (Must be same as on Statement of O	rganization)				
Rozinek for Super	Visor	1 1 '	ORM		
IMPORTANT: Indicate by # type of committee you are reporting for	or; 5	–	) <b>R-2</b> v. 07/2007)	DISCLOSURE REPORT	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car	ndidate (7) School Board or Other Political	1 1'			
Subdivision Candidate (8) County PAC (9) City PAC (10) Scho 11) Local Ballot Issue	ol Board or Other Political Subdivision PAC		Office Use On	_	
CANDIDATE COMMITTEES ONLY:		- 1			
Candidate Name	Political Party (if applicable)				
Bernita D. RozineK	Dem.				
Office Sought Linn County Supervisor	District (if Senate or House)				
Linn County Sufervisor		J L_		****	
Late reports are subject to possible civil and criminal penalties.	Pursuant to Iowa Code sections 68B.32A(7	) and 68A.	401(3), the ca	ndidate, for a	
Q 10Q 1			. / /		
Dernita & Crozines	319-848-4598	05	5/19/20	09	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	GNED	
AMFILINGA Dissolution / Final	REPORT FOR (1) ELECTION /(	2)NON-EL	ECTION YEA	AR.	
(report date)	Indicate by #				
CHECK IF AMENDMENT TO REPORT DATED		ocal Commi	ttees, enter Da	te of Election	
Note to the first the second second and all the second sec	of Discounting France DD 2				
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	id 1	County & Local Committees, enter County in which Election is held			
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STATEMENT OF CASH ON HA	ND.				
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CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the	Total of all funds held by the	\$	325	.17	
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FOR INSTRUC	CTIONS, SEE BACK OF FORM			SCHEDULE			
COMMITTEE NAME (Must be same as on Statement of Organization)			(Rev. 06/97)	IN-KIND CONTRIBUTIONS			
Rozi	nek for Supervisor						
Reset Form					CHECK THIS BOX IF AMENDING FORM		
DATE							
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION		
05/19/09	Bernita D. Rozinek. 2314 Big Berd Rd. ELy. TA 52227	self	forgiveness of loan	\$ 674.83			
			genggeneta-to, calendary				
	•						
			***************************************				
*Disclosure Louis			SUB-TOTAL  TOTAL (If last page of this schedule)	674.83 674.83			

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of for Schedule E

	Must be same as on Statement of Organization) inek for Supervisor			(Rev. 02/08)	LOANS RECEIV & REPAI
E: This schedu	le reports money loaned to the committee which is a  ANS FROM LAST REPORTING PERIOD \$	leposited in the committee acc	count.	CHECK T	
RTI- MONETA	RY LOANS RECEIVED THIS REPORTING PERIOD COURSE Of loan, such as a bank, must be shown if a ti	3	loans from candide	ate's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDE (Include Endorser's Name, if Applica		TIONSHIP TO TE (If Applicable*)	AMOUNT	F LOAN
				\$	
<u></u>					
: -		TOTAL (PA	ART h	s Ø	
	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORT orgiven must be reported on Schedule E — In-kind C		ART I)	s_ <u>O</u>	71
(Loans )	orgiven must be reported on Schedule E – In-kind C  NAME AND ADDRESS OF LENDE	ing PERIOD contributions.)	TIONSHIP TO	AMOUNT	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDE (Include Endorser's Name, It Applica Bernita D. Rozinek Big Berd Road	ing PERIOD contributions.)	Fionship to TE* (if Applicable)	AMOUNT	
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E – In-kind C NAME AND ADDRESS OF LENDE (Include Endorser's Name, If Applica	R RELATIONS CANDIDATE	Fionship to TE* (if Applicable)	AMOUNT	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDE (Include Endorser's Name, It Applica Bernita D. Rozinek Big Berd Road	R RELATIONS CANDIDATE	Fionship to TE* (if Applicable)	AMOUNT	
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DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDE (Include Endorser's Name, If Applica Bernita D. Rozinek 2314 Big Bend Road ELy. Fa 5222?	R RELATIONS.)  R RELATIONS.  Self  TOTAL CASH REPAYMENTS	FIONSHIP TO TE* (If Applicable)  C  (PART II)	* 325. /	7
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDE (Include Endorser's Name, If Applica Bernita D. Rozin CK 2314 Big Berd Road ELy. Fa 52227	R RELATIONS.)  R CANDIDA  Self	TIONSHIP TO TE* (If Applicable)  (PART II) GIVEN	AMOUNT	7